

Our Ref: 9012.1002DECLARATION AND POWER OF ATTORNEY FOR
UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- ☒ Declaration submitted with initial filing
☐ Declaration submitted after initial filing (surcharge (37 CFR 1.6(e) required))

First Named Inventor: Matthias BURIAN

COMPLETE IF KNOWN:

Application Number: _____

Filing Date: _____

Group Art Unit: _____

Examiner Name: _____

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
Method for Recording the Boiling Curve of Liquids and Device for
Carrying out Said Method
 (Title of the Invention)

the specification of which
☒ is attached hereto
 OR

☐ was filed on (MM/DD/YY) _____ as United States Application Number or PCT
 International Application Number PCT/AT03/ and was amended on (MM/DD/YY) _____ (if applicable).
90118

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability of this application as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
GM 270/2002	Austria	04/24/2002			

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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STEINBERG & RASKIN

NO. 478

P. 7

Application Number(s)	Filing Date (MM/DD/YY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
PCT/AT03/00118	04/23/2003	

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 21831

Direct all correspondence to:

☒ Customer Number 21831

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle (if any)) Family Name or Surname

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Inventor's Signature

Date 01 Oct 2004

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STEINBERG & RASKIN

NO. 478 P. 8

NAME OF ADDITIONAL JOINT INVENTORS, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

RolandAschauerInventor's Signature [Signature] Date 01 Oct 2004Residence: City Vienna State Austria Country _____ Citizenship AustrianPost Office Address Strohblumengasse 22A-1220 Vienna
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NAME OF ADDITIONAL JOINT INVENTORS, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature _____

Date _____

Residence: City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

NAME OF ADDITIONAL JOINT INVENTORS, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature _____

Date _____

Residence: City _____ State _____ Country _____ Citizenship _____

Post Office Address _____